

MEASURING PREVALENCE OF VIOLENCE AGAINST WOMEN: Survey Methodologies



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1

Dedicated Surveys vs. Modules Within Larger Surveys: Comparing the Two Major Approaches for Measuring Prevalence of Violence Against Women

Surveys are the only way to collect data on the prevalence of violence against women (VAW) and thus to get an estimate of the magnitude of the problem in the population.¹ There are two major approaches to collecting population-based data on violence against women using surveys.² The first involves “dedicated” surveys that are specifically designed to gather detailed information on different types of violence against women. The second includes a set of questions or a short module on violence against women added to a large-scale survey designed to generate information on broader issues, such as poverty, crime or reproductive health.

1.1 Dedicated Surveys

Dedicated surveys, or surveys dedicated to a specific issue, when properly conducted, provide the most reliable and comprehensive statistics on violence against women:

- They offer an opportunity to train interviewers specifically to deal with highly sensitive topics and to maximize disclosure of violence by survivors/victims of violence.³
- They can accommodate a large number of detailed questions on the different types of violence experienced by respondents.
- The data collected on the socio-demographic characteristics of respondents and of their intimate partners allow for analysis to identify which characteristics among women and among their partners make women more likely or less likely to experience intimate partner violence.

They should fully address ethical and safety guidelines including taking measure to keep respondents and interviewers safe, offering support to respondents and interviewers who need it, and providing information on sources of support to all respondents.

A disadvantage of these specialized surveys is that they are costly and are difficult for countries to conduct on a regular basis.

Since the late 1990s, following the call in the Beijing Platform for Action (1995) for more collection of data on VAW, a number of multi-country studies have taken place that enable comparisons (1) between sites and (2) over time. Some of the best-known examples of dedicated multi-country surveys, each with their own methodology, include:

- The World Health Organization (WHO) Multi-country Study on Women’s Health and Domestic Violence, the findings of which were published in 2005. This was the first study to provide comparable data from culturally diverse countries on the prevalence and frequency of different forms of VAW. It provided revealing insights into violence by intimate partners (Intimate Partner Violence - IPV) and the effect that it has on women’s lives. The methodology has since been replicated in many countries.
- The International Violence against Women Survey (IVAWS), the findings of which were published in 2008, was developed to assess the level of victimisation of women with a focus on violence perpetrated by men as reported by women. It provided novel inputs for the development of specific criminal justice approaches.⁴ IVAWS was coordinated by the European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI), the United Nations Office on Drugs and Crime (UNODC) and Statistics Canada.

1 See also leaflet on ‘sources of data’ in this information pack.

2 The term “population-based” usually implies that the data were collected through rigorous, probability-sampling methods; this enables collecting data on a phenomenon (such as violence) from a sample (a subset of the population) to describe that phenomenon within the entire population.

3 The term “disclosure” is used to express the fact that a person tells something (in this case to an interviewer) that he/she usually does not talk about.

4 This project relied largely on the network, infrastructure and methodology of the International Crime Victim Survey (ICVS).

- Violence against Women: An EU-wide survey, coordinated by the European Union Agency for Fundamental Rights Agency (FRA), collected comparable data on various forms of violence against women and on women's interaction with the criminal justice system in 28 EU Member States. Approximately 1,500 women were surveyed per country as a basis for developing evidence-based policy responses. Data collection took place in 2012 and the report was published in 2014.
- The UN Multi-country Study on Men's Perpetration of Violence against Women interviewed 10,000 men from nine sites in six countries of the Asia-Pacific Region. This study was conducted by Partners for Prevention (P4P), a joint programme of UNDP, UNFPA, UN Women and UNV. This study differed from the other studies mentioned above in that the data were collected by interviewing men. In four of the countries a small sample of women was interviewed using the WHO multi-country study questionnaire. The findings were published in 2013.

violence occurring in private settings or (2) incidents involving intimate partners have not been introduced properly.

- In a more general survey, the breadth of questions that can be included on a specific topic is also limited, reducing opportunities to prompt survivors/victims of violence to disclose experiences of violence.
- Less attention is paid to sensitizing interviewers to violence-related issues, to the need to develop a rapport with respondents, to privacy and to confidentiality of the interview.

A VAW module in a larger survey should only be used if certain conditions are met (as is the case for dedicated surveys on VAW), including (1) measures to protect the safety of respondents and interviewers, (2) crisis intervention and referral to specialized services for respondents who need them and (3) special training, emotional support and follow-up for interviewers.

Examples of commonly-used, optional domestic violence (DV) or VAW violence modules include:

- The DV module for the Demographic and Health Survey (DHS), which has about 40 questions.
- The DV module for the Multiple Index Cluster Survey (MICS) by UNICEF, which contains a subset of the DHS DV module questions.
- The Gender-based Violence (GBV) module in Reproductive Health Survey (RHS) supported by the Center for Disease Control and Prevention (CDC).
- The module developed by the United Nations Economic Commission for Europe (UNECE), which consists of a full set of VAW questions specifically designed to compute the new UN VAW indicators (see the Annex). The questions, while developed as a module, are recommended to be used as part of a dedicated survey.

1.2 Modules Within Larger Surveys on a Different Topic

Adding a module on violence against women to an existing survey, such as a health survey or a crime victimization survey, is a much less costly approach. However, experience has also shown that the challenge of ensuring data quality and respondent safety is generally greater for VAW modules incorporated into larger surveys on other topics. Underreporting may happen due to a number of factors:

- Surveys designed to address broad issues, such as crime, health or other issues cannot accommodate the full range of questions needed to study violence against women in all its complexity.
- The wording and ordering of questions may not facilitate disclosure of violence by survivors/victims of violence, especially if questions that are designed to cue respondents to think about (1)

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Methodologies currently supported by UNFPA

UNFPA is committed to supporting the implementation of high quality data collection on VAW. The international survey methodologies that are particularly supported by UNFPA are (1) the WHO multi-country study, (2) the DHS Domestic Violence Module and (3) the UNECE questionnaire module. Below we provide more detail on these three methodologies.

2.1 Methodology of the WHO Multi-Country Study on Women's Health and Domestic Violence

The WHO Multi-Country Study on Women's Health and Domestic Violence, conducted from 1999 to 2003, was the first study to provide comparable data from culturally diverse countries on the prevalence and frequency of different forms of VAW and its effects on women's lives. Focusing in particular on violence by intimate partners, this study was carried out largely through face-to-face interviews with over 24,000 women 15 to 49 years old in 15 sites in 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Samoa, Serbia, Namibia, Thailand and the United Republic of Tanzania (Garcia-Moreno, Jansen et al, 2005). Except for Samoa, where national data was collected, in each of the countries data was collected in one or two sites, usually a rural and an urban site, with a sample size of about 1500 women in each site.

The WHO methodology enables obtaining data on: (1) the prevalence of VAW by both intimate partners and those other than partners; (2) the consequences of IPV for women, their children and families; (3) women's help-seeking behaviours for IPV; and (4) risk and protective factors for IPV. This methodology is powerful because it provides information that can directly inform service provision strategies and prevention strategies. The use of a standard questionnaire and methodology also ensures comparability of data between settings and over time while the use of a validated and well-tested methodology enhances credibility.

The methodology developed for the WHO Multi-country Study is now internationally accepted best practice for national population-based studies of VAW. It uses a standard protocol, a questionnaire and

a set of accompanying training and field manuals. Ethical and safety recommendations for this study are described in the document, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women*. These recommendations provide details on the planning, implementation and dissemination of research, particularly surveys, in order to ensure that it does no harm to respondents and does not put them at increased risk of violence.

This methodology includes a quantitative, population-based survey component made up of structured interviews with a representative sample of women, accompanied by a qualitative component of focus groups, in depth interviews and key informant interviews. It requires specific approaches and procedures, ownership by the government and active involvement of various governmental and non-governmental national partners, national statistics offices, Ministries of Health and women's national machinery.

To date the methodology of the WHO multi-country study has been replicated or adapted in about 20 countries in the Asia-Pacific region⁵ and in many more countries around the world.⁶ In the recent surveys in the Asia-Pacific region supported by UNFPA, a modified version of the WHO questionnaire has been used, which, by including questions on violence similar to those in the UNECE module, is able to estimate the UN indicators on VAW while still maintaining comparability with studies that used the original questionnaire. Also, these recent surveys in the Asia-Pacific region have been expanded to include women aged 50 and over, where the original WHO study focused on women aged 15 to 49, and nationally representative samples (instead of samples representing one or two sites) have been used.

⁵ Refer to the Regional Snapshot in this information pack.

⁶ Since the original WHO questionnaire predates the UN and SDG indicators, WHO is now updating the original questionnaire and manuals building on field experience (including that of UNFPA) and to address the new VAW indicators.

The WHO Multi-Country Study Methodology and Questionnaire

Methodology

- Combines qualitative and quantitative methods.
- Originally focused on women 15 to 49, although more recently countries use higher, or open, upper age limits.
- Uses standard questionnaire, manuals and training materials.
- Usually three-week interviewer training.
- Observes strict ethical and safety measures, including interviewing only one woman per household; requires availability of support to field workers and respondents.
- Includes questions on health, partner violence, consequences of violence and violence by others.
- Designed to be used across cultures with minimal adaptation; example of best practice; widely used globally.

Key data obtained

- Prevalence and patterns of various forms of intimate partner and non-partner violence.
- Risk factors for intimate partner violence.
- Association between intimate partner violence and a wide range of health outcomes.
- Women's coping strategies including retaliation, help seeking, reporting.

Pros and cons

- This method is costly, especially because of the lengthy training and support measures.
- If training is done well, able to achieve high quality, robust data.
- The questionnaire is long due to the focus on health, which necessitates more questions.
- Can be used to measure trends, but because of cost and complexity, and because behaviour change is often slow, should be repeated only every 7 to 10 years.
- Only a few countries have done repeat studies to date.
- Older versions not suited to computing UN statistical indicators, but later versions are.

2.2 DHS Domestic Violence Module

The best-known example of a module on domestic violence within a larger survey is the optional domestic violence module in the Demographic and Health Survey. The Demographic and Health Surveys (DHSs) are carried out primarily in low and middle income countries using standardized questionnaires and methodologies. They cover a wide range of topics, including reproductive health, maternal and child health, sexual behaviour and nutrition. DHSs are nationally representative statistical surveys of between 5,000 and 30,000 households. All women aged 15 to 49 in sample households are eligible to be interviewed.

In 2000, a standardized 'DV module' was developed for the collection of data on intimate partner violence. This has now been added to demographic and health surveys in more than 40 countries. It is typically administered in a sub-sample of selected households, to one randomly selected woman aged 15 to 49 per household. The surveys that use the DV module are conducted in accordance with WHO ethical and safety guidelines.

Since a DHS is usually conducted about every five years, this method can provide a regular series of comparable data from which to examine trends over time. As noted earlier, there is the challenge of training interviewers to obtain reliable data and to properly observe ethical and safety considerations to protect respondents.

Evidence has also shown that DV modules tend to underestimate prevalence of VAW compared to dedicated surveys, and are thus less valuable for advocacy, policymaking and programming. At the same time, there is also evidence that, provided there is special interviewer training, in principle good quality data can be collected this way.

2.3 UNECE Questionnaire Module

Before the development of this questionnaire module, an assessment of existing VAW studies and methodologies up to 2009 showed that none of the existing surveys was able to collect all of the data necessary to estimate the core UN statistical VAW indicators (see box). To address this gap, during 2009-2011 a specific set of questions (the 'UNECE module') was developed and tested by the United Nations Regional Commissions, under the leadership of UNECE itself. This module aims to standardize data collection and analysis internationally for the UN statistical VAW indicators. A training manual for this module explains each question. It also comes with field manuals, analysis plan and supporting materials, drawing heavily from the WHO methodology.

The UNECE module is not a full questionnaire, but the minimum set of questions needed to produce the UN VAW indicators. It is best used as part of a dedicated survey on VAW, although it could potentially be used as a stand-alone survey or as an addendum to a survey on another topic. To date several countries have used the module as a stand-alone survey with the addition of a few extra questions on the characteristics and background of the respondent, which also ensure a gradual transition toward the violence questions.

The United Nations Statistical Division (UNSD) has developed the Guidelines for Producing Statistics on Violence against Women (2014), to support data collection for the UN VAW indicators: it recommends using the questions of the UNECE module in a dedicated survey. These Guidelines provide comprehensive recommendations on the concepts, definitions and data requirements needed for measuring violence against women, including all aspects related to planning, organization and implementation of a survey, data analysis and dissemination of the findings.

Demographic and Health Survey (DHS) with Domestic Violence (DV) module

Methodology

- Survey methodology with optional DV module, administered to a sub-sample of all households in the sample and only to one woman per selected household.
- Focus on women 15 to 49 years old (women of reproductive age).
- Standard questionnaire module, manuals and other materials available.
- In practice there is often some extra interviewer training for this module, but usually very limited; countries sometimes organize their own, more-in-depth training for the DV module.
- Ethical and safety measures adapted from WHO, often with only limited support to field workers and respondents.
- Questions on partner violence and non-partner violence, limited set of questions on consequences of violence, help seeking.
- Designed to be used across cultures with minimal adaptation; used worldwide.

Key data obtained

- Prevalence and patterns of various forms of partner and non-partner violence, much of it comparable to WHO questions, although not every indicator is exactly comparable, e.g., the questions on sexual violence in the WHO study cover a wider range of acts.
- Risk factors for partner violence can be calculated, but are more limited, and are not part of the standard analysis plan.
- Associations between partner violence and a wide range of health outcomes possible, but this is not part of the standard analysis plan.
- Women's coping strategies, including retaliation, help seeking and reporting, are measured in a limited way and not for intimate partner violence separately.

Pros and cons

- Less costly because it is piggybacking on an existing routine survey. No or minimal adaptation needed.
- Often more limited in training and support measures.
- In many cases, prevalence rates likely to be less compared to WHO methodology, although if training is done well, able to achieve high quality data.
- Module pre-dates UN statistical VAW indicators and currently not suited to measure them.
- Very well suited to measure trends because DHS usually takes place every five years.

UNECE survey questionnaire module

Methodology

- Not a full-fledged methodology but a questionnaire module that can be added to another survey or that can be expanded into a full questionnaire by adding questions as needed and/or appropriate.
- First full set of questions that enable computing the UN statistical VAW indicators.
- The questions in the module build on those of the original WHO multi-country study. At the time of development of this module, no questionnaire existed that enabled computing the indicators and all the required dimensions, hence the module filled an important gap.
- Standard questionnaire module, manuals, training materials and analysis plan and syntaxes are available.
- Several options for training are provided.
- Strict ethical and safety measures are recommended, as in WHO study.

Key data obtained

- Prevalence and patterns of various forms of partner and non-partner violence.
- Minimal information on help-seeking, reporting.
- Enables computing all dimensions of the UN statistical VAW indicators.

Pros and cons

- This is not a full method but a set of questions that have been tested both as part of the WHO study and in a number of pilots and stand-alone surveys.
- Even if the module was not developed as stand-alone survey, some countries are using it as a stand-alone survey by merely adding a limited set of questions on socio-economic status before the violence questions.
- This is the first existing set of questions to compute UN statistical indicators, however more recent adaptations of the WHO questionnaire have used 'UNECE questions'.
- Designed to measure trends, although should not be repeated more than once every five to seven years in order to reliably measure change.

Annex 1 Indicators on violence against women

UN Statistical Indicators on VAW

In 2006, the UN General Assembly requested the United Nations Statistical Commission (UNSC) to develop a set of possible indicators on violence against women to assist UN Member States in assessing the scope, prevalence and incidence of violence against women, building on the work of the Special Rapporteur on violence against women, its causes and consequences. For this purpose, a working group named 'Friends of the Chair' (FoC) was established by the UN Statistical Commission in 2008. The core set of indicators proposed in 2009 and adopted in 2011 are listed in the box below. Because of the name of the working group, these indicators are also sometimes referred to as the 'FoC VAW indicators'.

In 2009 the UNSC requested the United Nations Statistical Division and other stakeholders, including the World Health Organization, the United Nations Office on Drugs and Crime and the UN Regional Commissions, to draw upon and further elaborate existing methodological guidelines for measuring violence against women and to initiate a trial compilation of national statistics based on the interim set of indicators. The 'UNECE questionnaire module' was developed as part of this initiative, and, following the adoption of the core set of statistical indicators on VAW, in 2014 the UN Statistics Division, in collaboration with various stakeholders, published the 'Guidelines for producing statistics on violence against women: statistical surveys', to facilitate the measurement of these indicators.

In 2011, the UN Statistical Commission adopted the following core set of nine statistical indicators on violence against women, to be measured through surveys.

1. Total and age specific rate of women subjected to physical violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
2. Total and age specific rate of women subjected to physical violence during lifetime by severity of violence, relationship to the perpetrator and frequency
3. Total and age specific rate of women subjected to sexual violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
4. Total and age specific rate of women subjected to sexual violence during lifetime by severity of violence, relationship to the perpetrator and frequency
5. Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency
6. Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner during lifetime by frequency
7. Total and age specific rate of ever-partnered women subjected to psychological violence in the past 12 months by the intimate partner
8. Total and age specific rate of ever-partnered women subjected to economic violence in the past 12 months by the intimate partner
9. Total and age specific rate of women subjected to female genital mutilation

Sustainable Development Goal (SDG) Indicators on VAW

In September 2000, leaders of 189 countries gathered at the United Nations headquarters and signed the historic Millennium Declaration, in which they committed to achieving a set of eight measurable goals that range from halving extreme poverty and hunger to promoting gender equality and reducing child mortality, by the target date of 2015. Violence against women was not included in the MDGs though it was recognized that violence hindered progress towards the MDGs.⁷

The new 2030 Agenda for Sustainable Development adopted by Member States in September 2015 sets out 17 Goals and 169 associated targets to be achieved by 2030. Member States have adopted a comprehensive framework that includes Goal 5: “Achieve gender equality and empower all women and girls”, as well as mainstreaming of gender across other Goals and Targets. Target 5.2., “Elimination of all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”, includes specific indicators for measuring violence against women (see box).

In addition, SDG Target 11.7 (on providing safe public spaces) and Target 16.1 (on reducing all forms of violence and related deaths) include specific indicators that can also be used to measure and monitor prevalence of violence against women and girls.

While the SDG indicators are crucial for measuring progress towards the 2030 Agenda goals and targets, they have only limited value for monitoring the extent, types and patterns of violence that women experience throughout their lives.. The larger set of UN indicators as well as the further measurement of risk factors, underlying causes and consequences remain crucial as a basis for informed and effective policies and programmes.

In 2016, as part of the Sustainable Development Goals, in the context of Goal 5, Target 5.2., “Elimination of all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation “, the following two specific indicators for monitoring prevalence of violence against women by 2030 were formulated:

- 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months, by form of violence and by age group.
- 5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months, by age group and place of occurrence.

7 WHO (2005). Addressing violence against women and achieving the Millennium Development Goals. http://www.who.int/gender-equity-rights/knowledge/who_fch_gwh_05_1/en/

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